

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

|   |   |                                 |  |   |  |
|---|---|---------------------------------|--|---|--|
| <b>NAME OF FILER</b><br>Taxpayers Against the Governor's Recall, environmental, labor and religious organizations and others who oppose the waste of taxpayer dollars |   |                                 | <b>Date of This Filing</b> <u>06/09/2003</u>                                     | Date Stamp<br><br><br><br><br><br><br>Page 1 of 2 | <div style="background-color: black; color: white; padding: 5px; display: inline-block;"> <b>CALIFORNIA FORM 497</b> </div><br>For Official Use Only |
| <b>AREA CODE/PHONE NUMBER</b><br>(916)442-2952  | <b>I.D. NUMBER</b> (if applicable)<br>1255059 | <b>Report No.</b> <u>LC-129</u> |  |   |  |
| <b>STREET ADDRESS</b><br><br>   |   |                                 |  |   |  |
| <b>CITY</b><br>Sacramento   | <b>STATE</b><br>CA                            | <b>ZIP CODE</b><br>95814        | <input type="checkbox"/> <b>Amendment to Report No.</b> _____<br>(explain below) |   |  |
|   |   |                                 | <b>No. of Pages</b> <u>2</u>   |   |  |

## Late Contribution(s) Received

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL<br>ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---------------|--|---|---|-----------------|
| 06/04/2003    | Zenith Insurance Company, and its affiliated entity<br>Woodland Hills, CA 91367                  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | \$100,000.00    |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                 |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                 |

### \*Contributor Codes

|   |                                   |
|---|-----------------------------------|
| IND - Individual                                  | PTY - Political Party             |
| COM - Recipient Committee (other than PTY or SCC) | SCC - Small Contributor Committee |
| OTH - Other                                       |                                   |

Reason for Amendment:

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| <b>AREA CODE/PHONE NUMBER</b><br>(916)442-2952  |  | <b>I.D. NUMBER (if applicable)</b><br>1255059 |  |             |                            |
| <b>STREET ADDRESS</b>   |  |   | <b>Report No.</b> LC-129   | Page 2 of 2 | For Official Use Only      |
| <b>CITY</b><br>Sacramento   |  |   | <input type="checkbox"/> <b>Amendment to Report No.</b> _____<br>(explain below) |             |                            |
| <b>STATE</b><br>CA  |  |   | <b>No. of Pages</b> 2  |             |                            |
| <b>ZIP CODE</b><br>95814  |  |   |  |             |                            |

## Late Contribution(s) Made

| DATE MADE | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE<br>OR<br>MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION<br>(IF APPLICABLE) |
|-----------|--|--|------------------------|-------------------------------------|
|           |  |  |                        |                                     |
|           |  |  |                        |                                     |
|           |  |  |                        |                                     |
|           |  |  |                        |                                     |
|           |  |  |                        |                                     |

Reason for Amendment: